



4 the Love of Dogs

Dog Grooming

Owner: _____
 Address: _____ City/Zip _____
 Home Ph: _____ Work Ph: _____
 Cell Ph: _____ E-mail: _____

#1: Dog Name: _____ #2: Dog Name: _____
 Breed: _____ Breed: _____
 Color: _____ Color: _____
 Age: _____ Age: _____

Vet / Clinic Name: _____
 Address: _____
 Phone _____ Rabies: _____

4 The Love Of Dogs requires proof that your Pet's **Rabies vaccine** is current. Also, **4 The Love Of Dogs** strongly recommends that your Pet be vaccinated against all infectious conditions including.

- **Distemper, Bordetella, Parainfluenza, and Parvovirus.** It is still possible for vaccinated Pets to **become ill** with an infectious condition despite being vaccinated. This is not due to any circumstance or condition in the Grooming Salon and you agree that you will not hold **4 The Love Of Dogs** liable in the event your Pet becomes ill during or after its stay with an infectious condition.

The health of your Pet is **4 The Love Of Dogs** primary concern. If we feel the safety and well being of your Pet and/or a Salon associate is in jeopardy, a **muzzle** may be used or services refused and/or discontinued.

4 The Love Of Dogs is not responsible for **allergic reactions** resulting from the manufacturer recommended usage of any product; although your Pet may experience an allergic reaction to grooming products at any time.

4 The Love Of Dogs is not responsible for any **pre-existing conditions** or the aggravation of existing medical conditions, such as **heart disease, arthritis, obesity, infections,** or any other medical problem that may be affected by the grooming process.

In case of **emergency**, the owner designates **4 The Love Of Dogs** as agent and understands that **4 The Love Of Dogs** will do whatever is appropriate for the well-being of your Pet while in our care. If your Pet becomes sick or injured and requires professional attention, we will attempt to contact you. However, if we are unable to contact you, **4 The Love Of Dogs**, at its sole discretion, may engage the services of a veterinarian and the expense shall be **paid by you.**

So that we may better serve your Pet, please indicate if your Pet suffers from the following conditions.

Heart Disease Respiratory Disease Seizures Allergies Arthritis

Yes__ No__ Is your Pet pregnant or nursing?

Yes__ No__ Is your Pet under sedation?

Yes__ No__ Has your Pet been treated for fleas or ticks in the past 30 days?

Yes__ No__ Are there any other health or behavioral issues? _____

Yes__ No__ Any Injuries or wounds, or illnesses? _____

Bath Only: Shampoo Type: _____ Conditioner Type: _____

Groom: _____ Clipper Length/ Style _____

Head Ears: _____

Face/ Beard: _____

Back/Bottom: _____

Stomach/ Sanitary area: _____

Legs/Feathers: _____

Tail: _____

Add'l Info: _____

*******EMERGENCY CONTACT*******

Name Phone Number

Owner or Agent Signature Date